



State of New Hampshire
Department of State
Corporation Division
107 North Main Street
Concord, N.H. 03301-4989
603-271-3244



Filed

Date Filed: 10/11/2005

Effective Date: 10/13/2005

Business ID: 21036

William M. Gardner

Secretary of State

Reinstatement of Charter

1. I, the undersigned, have been authorized and directed, on behalf of
UPPER DIMENSION HAIR CONCEPT, INC.

to request reinstatement by the payment of fees in arrears plus a reinstatement fee of \$135.00 and the filing with the secretary of state of annual reports and any other forms with fees required by law. The date of the dissolution was September 1, 2005. (Note 1)

2. OMIT THIS SECTION IF NOT APPLICABLE AND COMPLETE SECTION 3.

(Complete this section ONLY if the name at time of reinstatement is not available. The entity name is protected for 120 days after the date of dissolution. Name must be checked for availability after 120 days.) (Note 2)

I further certify that since the name is no longer available, the name as amended will be _____

The name or proposed name satisfies the requirements of the Revised Statutes Annotated.

3. Dated Sept 28, 2005
By [Signature] (Note
3)
Signature
Jacques CATTIAUX
Print or type name
President
Title

- Note 1: If this application is filed with the Office of the Secretary of State MORE THAN 120 DAYS AFTER THE DATE OF DISSOLUTION, a CERTIFICATE OF GOOD STANDING from the In-State Bureau, Audit Division, Department of Revenue Administration, PO Box 457, Concord NH 03301-0457, must be submitted with this application. The fee for the certificate of good standing, payable to the Department of Revenue Administration, is \$30.00.
- Note 2: If the entity name has changed, there will be an additional \$35.00 filing fee due with this application.
- Note 3: Signature and title of person signing for the entity. Must be authorized to sign of behalf of the entity as required by the Revised Statutes Annotated.

State of New Hampshire
Reinstatement Package 3 Page(s)



T0528545007

Registration forms on web - www.sos.nh.gov/corporate/



State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

UPPER DIMENSION HAIR CONCEPT, INC.

28 BROAD ST

NASHUA , NH 03064

ADDRESS OF PRINCIPAL OFFICE:

28 BROAD ST

NASHUA , NH 03064

1 REGISTERED AGENT AND OFFICE:

DENISE CATTIAUX

53 PINE HILL ROAD

HOLLIS , NH 03049

ENTITY TYPE: CORPORATION

BUSINESS ID: 21036

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020340663

CUTTING, DRESSING & HAIR STYLING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

2

- ☒ The new mailing address UPPER DIMENSION / Jacques CATTIAUX 53.2 Pine Hill Rd Hollis NH 03049
☐ The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

A

NAME Jacques J CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis NH 03049
NAME DENISE M. CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H. 03049
NAME DENISE M. CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H. 03049
NAME _____
STREET _____
CITY/STATE/ZIP _____

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

B

NAME Jacques J. CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H. 03049
NAME DENISE CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis NH 03049
NAME ELIZABETH F. Z. I.
STREET 109 SHELLEY Drive
CITY/STATE/ZIP NASHUA N.H.
NAME _____
STREET _____
CITY/STATE/ZIP _____

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529



State of New Hampshire 2005 ANNUAL REPORT

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28 BROAD ST

NASHUA , NH 03064

ADDRESS OF PRINCIPAL OFFICE:

28 BROAD ST

NASHUA , NH 03064

1 REGISTERED AGENT AND OFFICE:

DENISE CATTIAUX

53 PINE HILL ROAD

HOLLIS , NH 03049

ENTITY TYPE: CORPORATION

BUSINESS ID: 21036

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020340663

CUTTING, DRESSING & HAIR STYLING

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The new mailing address

The new principal office address

UPPER DIMENSION 53-2 Pine Hill Rd
Hollis N.H 03049
PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

NAME Jacques A. CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H 03049
NAME Denise CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H 03049
NAME Denise CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H 03049
NAME
STREET
CITY/STATE/ZIP

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME Jacques A. CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H. 03049
NAME Denise M CATTIAUX
STREET 53-2 Pine Hill Rd
CITY/STATE/ZIP Hollis N.H. 03049
NAME ELIZABETH FZZI
STREET 169 Shelley Drive
CITY/STATE/ZIP NASHUA NH
NAME
STREET
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$225.00

E-MAIL ADDRESS (OPTIONAL):



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